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TOTAL CLAIM						RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.0
TOTAL CHARGEABLE CLAIMS		19minus 20=		*			X\$ 9=		OR	X\$18=	
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ULTIPLE DEP	RESENT		L					OR			
If the different	ce in column 1 is	loce than	zero enter	r "O" io c	column 2		+140=		OR	+280=	
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48/06	CLAIMS AS A (Column 1)	AMENDE	D - PAR (Colur	•	(Column 3)	<u>L</u>	SMALL	ENTITY	OR	OTHER SMALL	
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				EST BER OUSLY	(Column 3) PRESENT EXTRA		TOTAL	ADDI- TIONAL FEE	1		TION
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